

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 5:18-cv-944-XR

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (*name of individual and title, if any*) John F. Bash, US Attorney
 was received by me on (*date*) 9/13/18.

I personally served the summons on the individual at (*place*) _____
 on (*date*) _____; or _____

I left the summons at the individual's residence or usual place of abode with (*name*) _____
 _____, a person of suitable age and discretion who resides there,
 on (*date*) _____, and mailed a copy to the individual's last known address; or

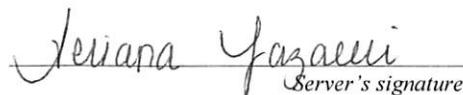
I served the summons on (*name of individual*) _____, who is
 designated by law to accept service of process on behalf of (*name of organization*) _____
 on (*date*) _____; or _____

I returned the summons unexecuted because _____; or

Other (*specify*): I served the summons on John F. Bash, US Attorney for the Western District of Texas, Attn: Civil Process Clerk, 601 NW Loop 410, Ste. 600, San Antonio, Texas 78216 via CM/RRR (sent on 11/05/18 and received on 11/08/18).

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 11/16/18


Ariana Jazaeri
 Server's signature
Ariana Jazaeri, Paralegal*Printed name and title*The Ammons Law Firm, 3700 Montrose Blvd., Houston, Texas 77006*Server's address*

Additional information regarding attempted service, etc:

Print**Save As...****Reset**

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION IN DELIVERY

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

John F. Bash, Esq.

United State Attorney for the Western District of Texas

**Attention: Civil Process Clerk
601 NW Loop 420, Suite 600
San Antonio, Texas 78216**



9590 9402 3292 7196 3166 23

2. Article Number (*Transfer from service label*)

91 7199 9991 7030 4380 9141

A. Signature

X

Agent
 Addressee

B. Received by (*Printed Name*)

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation
<input type="checkbox"/> Insured Mail	Restricted Delivery
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 3292 7196 3166 23

**United States
Postal Service**

• Sender: Please print your name, address, and ZIP+4® in this box*

**The Ammons Law Firm
ATTN: ARIANA JAZAERI
3700 Montrose Blvd
Houston, TX 77006**

re: Sutherland Springs